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# TRANSMITTAL FORM

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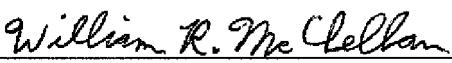
Total Number of Pages in This Submission

|  |                        |
|--|------------------------|
| Application Number                       | 10/533,430-Conf. #9003 |
| Filing Date                              | December 28, 2005      |
| First Named Inventor                     | Franz Feiner           |
| Art Unit                                 | 3771                   |
| Examiner Name                            | S. O. Douglas          |
| Total Number of Pages in This Submission | 3                      |
| Attorney Docket Number                   | P0777.70003US00        |

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Part B - Issue Fee Transmittal  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C.  |          |        |
| Signature    |  |          |        |
| Printed name | William R. McClellan  |          |        |
| Date         | November 4, 2008  | Reg. No. | 29,409 |

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 4, 2008

Signature:  (Doris A. Champagne)

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|   |  |   |                        |
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| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>   |  | <b>Complete if Known</b>  |                        |
| <b>Fee Transmittal<br/>For FY 2009</b>  |  | Application Number  | 10/533,430-Conf. #9003 |
|   |  | Filing Date   | December 28, 2005      |
|   |  | First Named Inventor  | Franz Feiner           |
|   |  | Examiner Name   | S. O. Douglas          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit  | 3771                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | (\$)  | 1,840.00               |
|   |  | Attorney Docket No.   |                        |
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |   |                        |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |   |                        |
| <input type="checkbox"/> Deposit Account   Deposit Account Number: 23/2825  |  | Deposit Account Name: Wolf, Greenfield & Sacks, P.C.                              |                        |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |   |                        |
| <input type="checkbox"/> Charge fee(s) indicated below  |  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                        |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |  | <input checked="" type="checkbox"/> Credit any overpayments                       |                        |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 330                | 165                          | 540                | 270                          | 220                     | 110                          |                       |
| Design                  | 220                | 110                          | 100                | 50                           | 140                     | 70                           |                       |
| Plant                   | 220                | 110                          | 330                | 165                          | 170                     | 85                           |                       |
| Reissue                 | 330                | 165                          | 540                | 270                          | 650                     | 325                          |                       |
| Provisional             | 220                | 110                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|   | - 20 or HP          | x               | =                    | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20. |                     |                 |                      |                                  |                      |

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims      Extra Claims      Fee (\$)

- 3 or HP =      x      =      Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | /50 =               | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1501 Utility issue fee 1,510.00

1504 Publication fee for early, voluntary, or normal ... 300.00

8001 Printed copy of patent w/o color 30.00

**SUBMITTED BY**

|                   |                      |                                      |        |           |                  |
|-------------------|----------------------|--------------------------------------|--------|-----------|------------------|
| Signature         | William R. McClellan | Registration No.<br>(Attorney/Agent) | 29,409 | Telephone | 617.646.8000     |
| Name (Print/Type) | William R. McClellan |                                      |        | Date      | November 4, 2008 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 4, 2008

Signature: Doris A. Champagne (Doris A. Champagne)